

DEFENDANT'S EXHIBIT

CVS-MDL-00266

Document No: ROPP-0061	Title: PROTOCOL FOR DISPENSING NARCOTIC DRUGS FOR PAIN TREATMENT			
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SCOPE

This policy and procedure applies to all CVS/pharmacy Retail Stores.

POLICY

Pharmacists must exercise their professional judgment to meet potentially conflicting challenges posed by the therapeutic imperative to optimize outcomes and the regulatory imperative to prevent drug diversion. State and Federal laws and regulations impose a corresponding responsibility on Pharmacists to dispense medicine only for legitimate medical purposes and CVS Caremark seeks to ensure that its Pharmacists are fulfilling that corresponding duty at all times.

CVS Caremark expects and supports decisions by its Pharmacists to *not* fill prescriptions if, in the sound exercise of their professional and clinical judgment they believe or suspect that the prescription was not issued for a legitimate medical purpose by a practitioner acting in the usual course of professional practice.

Below are some important guidelines for pharmacists:

1. You should suspend filling *all controlled substance prescriptions* from practitioners you believe or have reason to doubt are issuing prescriptions for legitimate medical purposes in the course of a valid doctor/patient relationship. Notify your Pharmacy Supervisor of such action.
2. You should exercise particular caution before filling a prescription:
 - a. if you believe or have reason to doubt that the practitioner has issued the prescription for a legitimate medical purpose in the course of a legitimate doctor /patient relationship, regardless of whether the prescription is otherwise "valid" on its face;
 - b. from practitioners who prescribe the same medication in the same dosage amounts to *most or all* of their patients (e.g., oxycodone 30mg, 180 dosage units) - the use of prescriptions that are preprinted or stamped with the drug type and amount should be cause for concern;
 - c. from practitioners who *routinely* prescribe the same combination of drugs for pain treatment for most *or all of their patient, particularly where DEA has*

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identified that combination as potentially abused (e.g., oxycodone, alprazolam and Soma);

- d. from practitioners who you are aware do not take insurance or whose patients have insurance but always insist on paying cash for their prescriptions;
- e. from individuals who come to the pharmacy in groups to get narcotic prescriptions filled;
- f. that appears to have been altered or forged – verify any questionable prescription information with the practitioner and adhere to the guidance set forth in the policy regarding Suspected Fraudulent or Altered Prescriptions
- g. where the patient requests the drug by description, such as, “Mallinckrodt blues,” “M’s” or “the blue pill”; and
- h. where the patient appears visibly altered, intoxicated or incoherent.

Remember that you have the authority to decline to fill any prescription where, in the exercise of your professional and clinical judgment, you believe or suspect that it was not issued for a legitimate medical purpose by a prescriber acting in the usual course of professional practice.

- 3. CVS pharmacists should ***not*** refer any patient/prescription to another CVS pharmacy if the first pharmacist would not, in his or her professional judgment, otherwise fill the prescription.
- 4. Pharmacists should ordinarily only fill prescriptions if both the patient and practitioner reside within the geographic area served by the pharmacy - any exceptions should be extraordinary, and documented in the patient files.
- 5. Contact the practitioner with any concerns about the type and quantity of medication prescribed for a given indication (e.g., oxycodone 30 mg prescriptions for more than 180 dosage units).
- 6. Contact the practitioner and verify treatment if the prescription appears to be duplicative therapy, refill too soon, or if the patient has had a prescription issued by several practitioners.
- 7. When dispensing a pain medication, such as oxycodone or hydrocodone, where you have no relationship with the patient and/or the prescriber, you should verify with the practitioner the validity of the prescription, by requesting the diagnosis (request a diagnosis code) and other information relevant to whether the prescription should be filled or declined. Document the information on the back of the prescription. Note that this verification process is but one step that a Pharmacist should take to ensure that a prescription is issued for a legitimate medical purpose. Practitioner verification alone does not render a prescription legitimate.

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8. Pharmacists must familiarize themselves with the DEA's Guidelines for Prescription Fraud, from Appendix D of the DEA Pharmacist's Manual.

WORK INSTRUCTIONS

N/A

REVIEW AND REVISION HISTORY

Date	Revision No.	Reason for Change	Sections Affected
01/04/2012	1.0	New Policy and Procedure	